

## **RUSSELL FENDLEY**

As Senior Vice President of Governmental Affairs, Russell Fendley is responsible for representing FHC Health System, and its subsidiary businesses, in their relationships with the federal and state governments. In addition Mr. Fendley serves as a fellow at the National Governor's Association Center for Best Practices, providing policy consultation on healthcare and Medicaid issues.

Mr. Fendley has twenty years of experience in the healthcare field. Prior to joining FHC Health Systems, he served as a health policy advisor for the "Fletcher for Governor" campaign in Kentucky and led a Medicaid Modernization Task Force. Upon election Governor Fletcher asked Mr. Fendley to serve as a member of his transition team, and as Commissioner of the Medicaid program. As Commissioner, Mr. Fendley was instrumental in the development and implementation of Governor Fletcher's Medicaid Modernization Plan, widely regarded as a model for other states to follow. He also successfully implemented policies that saved the Commonwealth over \$350 million dollars while at the same time restoring eligibility to over 3500 Kentuckians affected by previous cost cutting measures. He also served as Chief Operating Officer of a 75,000 member health maintenance organization. Under his leadership the health plan received the honor of being one of the first NCQA fully accredited health plans in the country.

Additionally, Mr. Fendley served as the Kentucky Division Vice President for Columbia HCA Hospital Corporation. In this role he negotiated managed care agreements for the division's 13 hospitals resulting in over \$100 million in gross revenue. He also developed and negotiated the employee health benefits for Columbia's 15,000 Kentucky Division employees. While in this role Mr. Fendley also served on the Board of Director's of each regional Medicaid HMO developed under the states 1115 waiver.

Mr. Fendley received his Masters in Public Administration from Eastern Kentucky University and a B.A. in Political Science from Georgetown College.



# Avian Flu and Special Needs Populations

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How to plan for their healthcare needs  
in light of a potential pandemic



## Lessons from Katrina

- Individuals with special needs cannot simply be relocated away from support services and routines.
- Care must be taken that necessary medications are available with little or no disruption.
- Unlike the general population, the loss of medical records could have dire consequences. At the very least there is considerable expense as diagnostic tests are performed again.

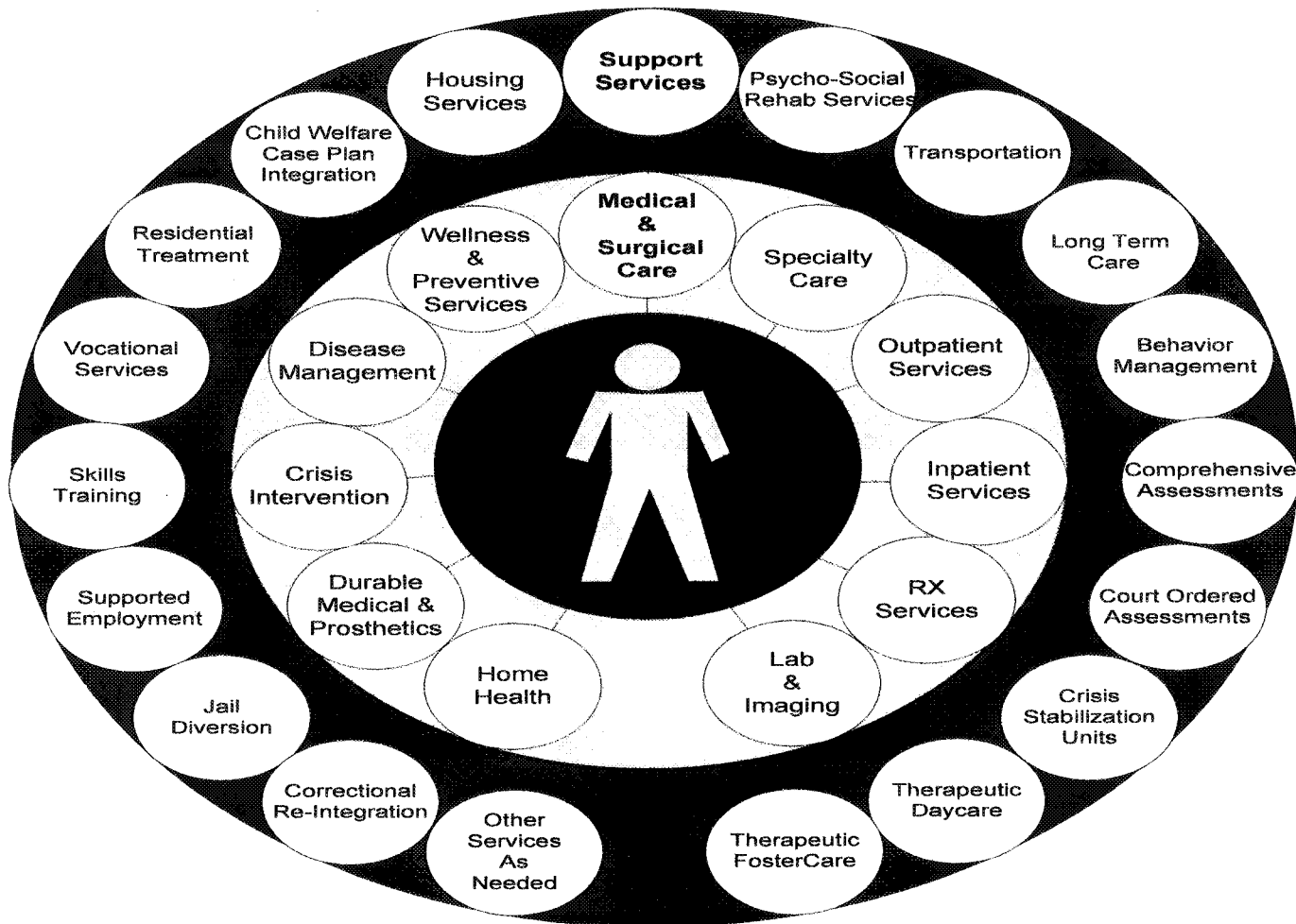


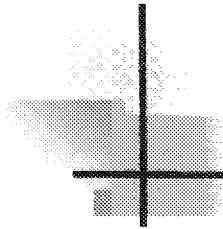
# Lessons from Katrina

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- The only effective plan of dealing with a crisis affecting this population, whether it is a natural disaster or pandemic, is to establish a “no wrong door” system of medical and social supports.
- This system breaks down barriers between different service providers and directly attack the problem of care fragmentation.
- There is **NO** wrong door.

This model provides flexible services tailored to an individual need.





# What are “Special Needs Populations”

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- Severely and persistently mentally ill
- Developmentally disabled
- Institutionalized
- Individuals with severe and disabling chronic conditions



# Risk

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- According to a study by the Special Olympics, persons with intellectual and developmental disabilities have a 40% greater risk of contracting a communicable disease like avian flu.
- These disparities result from lack of physician access, ability to pay, and poorly developed or supported behaviors to promote health.